

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL
10 531369

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
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TOTAL IND.	4	5	2	5		5
TOTAL DEP.	6	4	8	4		4
TOTAL CLAIMS	10		10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		5		5		5
TOTAL DEP.		4		4		4
TOTAL CLAIMS						